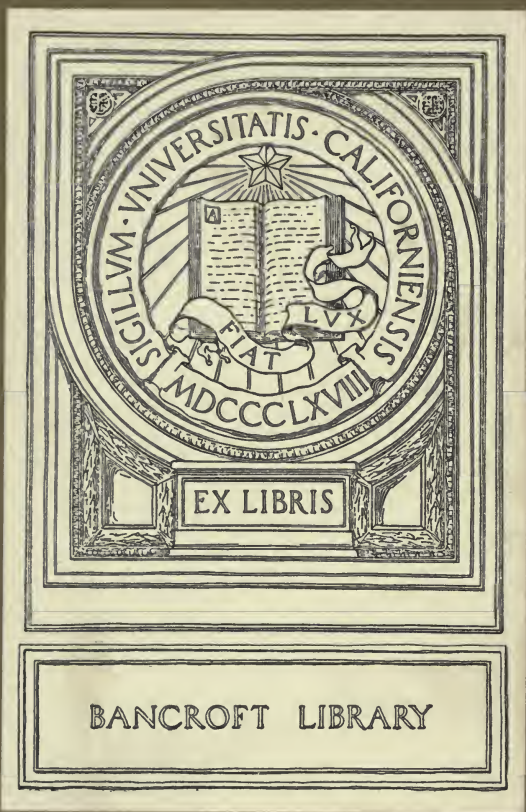


F

846

.M36



see Martin p. 18

Protection of Maternity and Infancy

HEARING

BEFORE

THE COMMITTEE ON PUBLIC HEALTH AND NATIONAL QUARANTINE UNITED STATES SENATE

SIXTY-SIXTH CONGRESS

SECOND SESSION

ON

S. 3259

A BILL FOR THE PUBLIC PROTECTION OF MATERNITY AND
INFANCY AND PROVIDING A METHOD OF COOPERATION
BETWEEN THE GOVERNMENT OF THE UNITED STATES
AND THE SEVERAL STATES

Printed for the use of the Committee on Public Health and
National Quarantine



WASHINGTON
GOVERNMENT PRINTING OFFICE
1920

Senator RANSDELL. Doctor, do you feel you are speaking for your profession very generally in advocating the passage of this bill?

Dr. WILLIAMS. I can not quite say that, but I imagine that I am speaking for everyone that understands the problem. Many doctors do not understand it because they have had a very poor training in obstetrics, and regard childbirth as a normal function which should require very little attention. It is evident, however, from what I have said that such is not the case. That large numbers of women have a great deal of trouble, that every year unnecessarily large numbers of women and children are lost, and that we have an amount of invalidism which is altogether preventable.

Senator RANSDELL. Would there be any antagonism on the part of the ordinary doctor toward it?

Dr. WILLIAMS. I think the ordinary doctor would welcome it. In many of the more progressive communities, bureaus of child hygiene are being organized by the State boards of health, or by the municipal boards of health in the larger cities. In Baltimore last year a bureau of child hygiene was organized with an initial appropriation of \$30,000 a year. It was placed in charge of a thoroughly first-rate woman doctor, who is giving her entire time to it, and her work is already beginning to produce excellent results.

Senator RANSDELL. I take it that, if the spirit of the bill is carried out and the States cooperate with the National Government, not only would the nurses be provided and trained, but the doctors themselves will be very much better fitted to give efficient treatment than the average doctor is now?

Dr. WILLIAMS. Oh, yes.

The CHAIRMAN. Thank you, Doctor.

STATEMENT OF MISS ANNE MARTIN, FORMER CHAIRMAN OF NATIONAL WOMAN'S PARTY, RENO, NEV.

Miss MARTIN. Mr. Chairman and gentlemen of the committee, I have been asked to speak to this committee not as a statistical or medical expert on this problem, but as a western woman with some knowledge of conditions in the rural districts of the West, and as a writer upon this problem.

I am going to speak almost entirely of the rural western aspect of it as I have seen it and studied it, and I am going to speak very briefly.

The high death rate of mothers and children in this country has already been sufficiently dwelt upon. Last year 23,000 mothers died in childbirth largely from preventable conditions and 250,000 children under 1 year of age died. It is found that in proportion to the population a very large percentage of these mothers and babies died in rural areas. As a result of investigations of the Children's Bureau, it has been found, for instance, that in Montana the death of mothers is double the death rate of mothers throughout the United States; and that the infant death rate is as high in rural areas of the Western States that have been investigated as it is in the industrial city districts in other parts of the country, which shows that rural areas are in special need of help, and that is why I am here urging the passage of the bill.

This high death rate is due largely to two causes, as shown by the investigations of women specialists throughout the country. First of all, it has been found that in these rural areas a very small percentage of these prospective mothers have had any opportunity for prenatal advice of any sort whatever, although numbers of these mothers have tried to secure this advice by writing for books and magazines.

The representative from Johns Hopkins University has shown the importance of prenatal tests to protect the mother and child from infection by dangerous diseases, this infection resulting in a very high infant death rate and often impairing the health and happiness of those children who survive, as well as impairing the health of the mother.

This, then, is one of the primary reasons for the high maternal and infant death rate—lack of instruction and care.

Another cause that has been found to contribute to the high death rate of both mothers and children is the fact that a large proportion of these mothers have no trained attendants of any sort whatever at the birth of the child. More than a majority in many of the districts studied have had no trained attendants of any sort whatever. No one who has not traveled through these rural areas in our Western States knows the harsh, cruel circumstances under which many of these mothers must bear their children. We have seen the lonely cabins and dugouts on the deserts or prairie homesteads where these mothers have to bear their children far from doctors and nurses. It is impossible to secure medical help; sanitary devices of all sorts are lacking; pure water supply is often not available; and it is no wonder that there is such a high rate of mortality among both the mothers and the children.

I think that we ought not to forget that these courageous women who go out with their husbands to develop the land and the general resources of these Western States are one of the most potent factors in the development and the building up of the West, and I think we will all agree that they are entitled to at least as good care as well-to-do mothers have in more civilized communities.

I have seen these women brought into road houses from remote ranches where they could have the care only of the woman who ran the road house, a woman not even a trained midwife, but willing and anxious to help. But very often dangerous complications would arise from the fact that the women had to bear children under such circumstances, and large numbers of mothers and children died, as I have stated.

You ask them why they do not have a doctor. Of course you can see why they do not have a doctor; in many cases they are hundreds of miles from doctors and hospitals, and they say that "a doctor charges \$75 to come here, and we can not afford it"; or, in other cases, if they happen to be on a sheep ranch, they say, "All the automobiles in the neighborhood were being used for sheep shearing and they could not take me to the hospital in time," and that would be in cases where they have the money.

The solution obviously is to provide instruction for these prospective mothers through national and State aid. That will help one part of the problem. The funds, both national and State, provided by this bill will enable these mothers, through public health centers and

university extension lectures, to be instructed in prenatal problems and other matters concerning the health and well-being of mother and child, and the bill, as has been brought out by Miss Fleming and Dr. Rude, further provides for actual medical care and nursing for those mothers who live in these remote areas and who are unable to secure it in any other way.

In conclusion I want to call your attention to this broad fact, that the 23,000 mothers who died in childbirth last year, largely from preventable causes, and the 250,000 children comprised a total casualty loss that is as large as our total casualty list during the war.

Other countries have already taken steps toward compensating the population of their countries for their great war losses, and this Government so far has taken no definite steps to make up in this country for those great losses of our best, our carefully selected American youths. We have a means right here of compensating in this country for that loss by preventing the great loss of mothers and infant life in this country.

I will call your attention also to the fact that last year our Government spent through its Department of Agriculture, largely to produce healthy crops and animals, \$47,000,000, and I think that money was wisely and perhaps necessarily spent. I am not finding fault with that expenditure at all, but I do think that we ought to have spent something to produce healthy mothers and babies. I think that the appropriation that this bill calls for, of only \$4,000,000 by 1926, to prevent avoidable losses in the lives of mothers and children should be appropriated by this Congress as quickly as possible.

In closing I am going to urge the chairman and the gentlemen of the committee, if they find it possible—and I hope they will find it possible—to make a speedy and favorable report upon this measure, so that this Congress may act upon it and pass it.

The CHAIRMAN. Thank you, Miss Martin. I wish to call upon Dr. Williams for a brief supplementary statement which has been suggested in connection with his original statement.

Dr. WILLIAMS. I will just take a moment. When I sat down a moment ago, one of the ladies suggested to me that possibly my statement concerning the part played by syphilis in foetal death might give rise to an erroneous impression and might indicate that it was my opinion that large numbers of our female population were more or less lewd women. Of course, we have that type of women, but in the great majority of cases of foetal syphilis, the disease comes not from the mother but from the father, and the woman is an ignorant and unwilling victim to the disease and often does not know she has it until we tell her and put her under treatment.

Representative TOWNER. Doctor, if you will allow the suggestion?

Dr. WILLIAMS. Yes, sir.

Representative TOWNER. This investigation in which you found that 7 per cent of those had syphilitic reactions, that, of course, was taken from a city community?

Dr. WILLIAMS. Oh, yes.

Representative TOWNER. And would not indicate the proportion likely in the country at large?

Dr. WILLIAMS. Exactly.

Representative TOWNER. Then, perhaps a further misunderstanding might occur: It was 34 per cent of the 7 per cent?

Dr. WILLIAMS. Yes.

Representative TOWNER. So that would make approximately—

Dr. WILLIAMS (interposing). One-third.

Representative TOWNER. Or a little over 2 per cent of the whole?

Dr. WILLIAMS. Yes. But what I wanted to bring out was, in the first place, that this was, in my opinion, the most common individual cause of foetal death and a thing which could be prevented by care.

In Baltimore in my service we have an equal number of blacks and whites, and the great majority of these cases were colored. There was at least four times as much of the disease in colored women as in the white, and my figures would not apply to a rural district, but apply to a large city, with a large negro population.

I am very much obliged to you.

The CHAIRMAN. Thank you, Dr. Williams. The committee will now have pleasure in hearing Mrs. Josephus Daniels.

STATEMENT OF MRS. JOSEPHUS DANIELS, 1851 WYOMING AVENUE, WASHINGTON, D. C., OF THE NATIONAL DEMOCRATIC COMMITTEE.

Mrs. DANIELS. Mr. Chairman, this is my first appearance before Congress, and if I err I trust you will forgive me.

I am here to send up a cry for the mothers. I am the mother of six children, greatly to my pride. I am here "to confess myself," as Mrs. Peacock said in the Dukesborough Tales, "a female." But to me there is nothing more wonderful than to be able to come and speak for the women of America, for the mothers, earnestly hoping that something will be done for the women of America, particularly the mothers in the rural districts who can not reach medical aid in the beginning of their pregnancy. I stand here a monument to the skill of a doctor who saved me when my first child was born 28 years ago. So it is, as the doctor said, a peril which every woman will dread, but which can be cured by medical skill if taken in time.

The women of the South are doing what they can to spread the news among the women of the rural districts that they can have help. In my own State, in North Carolina, the wife of the governor and other women have drawn together their sisters who lack means to secure medical aid and have tried to carry hope and healing. They have gone out into the colored districts which are very thickly populated and tried to teach the women there who act as midwives among the colored people the best that they knew.

So we are doing our part in the South, where in certain districts the need is great, as the women in every other part of the Republic are doing upon their own initiative, born of woman's travail and woman's knowledge, Mr. Chairman, and trusting to bring up our percentage and hope to insure for the future a sturdy population such as those who went from our mountains to fight and win in the late war.

You know without any telling the terrible percentage of diseases found among our women, of diseases that should have been prevented and which were preventable.

The mothers of the country must be saved, for the home is the seat of America. If the home is destroyed, there is no America. We must protect the fireside. We must safeguard as far as is humanly

DIRECTORS OF AMERICAN MEDICAL LIBERTY LEAGUE.

J. W. Griggs, St. Paul, Minn.; Mrs. George M. Kenyon, St. Paul, Minn.; W. S. Ensign, Battle Creek, Mich.; Frederick H. Freeark, Chicago, Ill.; Walter E. Elfrink, Chicago, Ill.; J. W. Wigglesworth, Chicago, Ill.

The CHAIRMAN. Before we adjourn, Mrs. Frances St. Clair, representing the Daughters of the American Revolution, will say a word in behalf of the bill.

STATEMENT OF MRS. FRANCES A. ST. CLAIR, REPRESENTING THE DAUGHTERS OF THE AMERICAN REVOLUTION, WASHINGTON, D. C.

Mrs. ST. CLAIR. Mr. Chairman and members of the committee, I just simply can not keep silent, because I came to represent the Daughters of the American Revolution, both the national society and that of the District of Columbia. I have the honor to be the State regent. We feel very keenly the need of the passage of this bill as speedily as possible. We have been perfectly amazed at the amount of facts that we have had brought to our attention since this bill has been under discussion. I would like to say personally that my husband has been a practicing physician here in the District of Columbia for 20 years. Two years before he practiced he was in the Columbia Hospital for Women, as the assistant of old Dr. Murphy, and anybody who trained under old Dr. Murphy got a very rigorous training, and I would like to say that his specialty has been diseases of women and children, and especially obstetrics, although he did take general practice.

In all his 30 years' experience he has never lost a single mother in confinement, and I do not think more than two or three babies have been still born. He attributes his success to the fact that he gives such careful care and watches over the mother so persistently during the time of pregnancy that the complications that might arise at the time of birth do not occur for lack of necessary prenatal care. I have often heard him speak in regard to women who have come to him in general practice suffering from conditions that have been the result of not as watchful care by other physicians at the time of their confinement.

I consequently feel that more than ever this bill is one that not only has been needed for a long time but that will be needed more than ever as the years go on. We all know that the birth rate is lowering in other countries as well as in the United States. What incentive is there for woman, as she has been and is going to continue to be educated along these lines, if she finds that the State does not consider her an asset to the extent of taking care of her when it is absolutely impossible for her to take care of herself under the conditions with which she is surrounded.

It was said earlier in the day that the very people who are in need of the help that this bill will mean to them are the very people who are unable to come and speak for this bill.

I thank you.

The CHAIRMAN. Our time is now up, so it will be necessary to adjourn the hearings. I thank all the witnesses. We have finished, indeed, the hearings on the bill, so far as the proponents are concerned.

(Thereupon, at 1.10 o'clock p. m., the committee adjourned to meet at the call of the chairman.)

